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The Preparatory Conference and the First National Public Health Conference were both confronted with problems arising from the neglect of public health activities by the reactionary KMT government. During the KMT regime, there were 140 million people ill each year, and the mortality rate was more than 30 percent. These deaths, which could have been prevented, included bubonic plague, cholera, measles, smallpox, typhoid, typhus, relapsing fever, diarrhea, etc.

A large majority of people were afflicted yearly from kala azar, schistosomiasis japonicum, ague, paralysis, and venereal diseases, in addition to a 40-percent infant mortality rate each year due to midwifery practices.

The First National Public Health Conference was attended by 412 official delegates and 161 fraternal delegates from all parts of China and from public health departments of the PLA. The conference decided, in accordance with the existing health condition in the country, and on the basis of the prevention first aim, to complete the setting up of basic health organizations everywhere within the next 3 to 5 years; to reorganize medical schools and hospitals, to eliminate dissension among doctors of Western and Chinese medicine; to improve the relationship between public and private doctors, and to concentrate on the health of workers, farmers, and soldiers. Briefly, some important agenda points discussed and decided on at the conference were:

1. Prevention-First Aim

The past public health activities emphasized treatment of diseases rather than prevention. Now we are pursuing the prevention-first aim in line with the theme of service to the people.

2. Basic Health Organizations

By establishing basic health organizations of all levels in China, the health needs of the masses could be met. In the next 3 to 5 years, it is necessary to establish, in most of the hsien, a hospital with two to seven specialists-doctors, one pharmacist; in each ch'u, a health agency with one or two doctors and one midwife; and in each mining area, a health unit. Medical personnel for such agencies need to be trained in schools, and medical personnel in large cities should be retrained. Regardless of localities, all health organizations now existing should be reorganized within the next few years.

3. Medical Schools

Under the old system, medical schools trained only 20,000 regular practitioners during the last 40 years. Consequently, the old system could not be relied upon to meet the needs of the future. A new system must be considered which will permit the training of a large number of medical personnel. The medical schools should be divided into the primary, middle, and higher schools, with higher schools having departments specializing in special fields. The medical education should be universally popularized. In medical schools, courses should be taught under the principle which combines theories with reality.

4. Unity and Reform of Medical Personnel

There has been a considerable gap in relations between doctors of Western and doctors of Chinese medicine. They must be united and reformed under the concept of service to the people. Their political and occupational studies should be increased. Chinese-medicine practitioners should pursue more scientific methods; Western-medicine practitioners should practice "peopleism." Schools and classes should be formed to teach advanced techniques to Chinese-medicine practitioners in each province and city beginning next

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year. Such classes or schools should be added to the already existing Chinese-medicine schools and fraternal organizations. Each Chinese-medicine school should add scientific and political subjects to its curriculum to train sufficient medical personnel to work in hsiangs and ts'uns.

5. Relationship Between Public and Private Practitioners

Private and public medical practitioners should carry on their work in accord with the regulations provided in the common program. The gap in relationship between the two must be closed. Private hospitals should be assigned a responsibility in public health projects in relevant areas by rational distribution of work pertaining to antiplague and health maintenance. They should be assisted in every way possible. Private practitioners, especially in rural and mining areas, should be exempted from paying taxes. Various offices affiliated with the Ministry of Public Health should help private practitioners in regard to the rectification of working habits, and improvement of techniques.

For some private practitioners, corrective education should be given, especially to those who have been hoodwinking patients for profits only. In conjunction with this program, private practitioners should voluntarily try to change their old working habits, study politics, and substitute the concept of service to the people for that of profit making.

6. Reorganization of Hospitals

Some improvements have been made in hospitals since the liberation but the working habits of the medical personnel are still of the old school. They lack a sense of responsibility. Their technical levels are low. Their concepts of public safety are still very meager and their methods of medical care are not good. There also exist neglect of duties and malpractices in hospitals. Consequently, it is necessary for each hospital to make a thorough examination and correction of the staff's thinking, techniques, and methods.

There is also a need for a hospital affairs committee in each hospital to establish a democratic centralization system, to improve the political thinking of the medical personnel, and to create the concept that their primary duties are the care of the wounded and the sick. Considerations should include fulfilling the needs of the sick, simplifying procedures for treatment, etc., improving and providing correct diagnosis, nursing, and pathological study. Techniques should be improved. In addition to professional improvement, it is necessary to form a case-analysis committee, a pathology research committee, and to concentrate on disinfecting work to reduce sickness.

7. Health Activities Among Troops

For more than 20 years, the public health activities among troops have been following an independent line. That tendency will continue unless corrected. The health work among the troops should be joined and promoted with that of civilian public health work. Experiences in public health activities among the PLA should be used as the starting point in the future development of health activities of the nation. The health personnel among troops should be proud of this honor. They must, however, acknowledge that there is still much to be done and much to learn. There are also other sources which could aid in improving public health activities in China.

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